

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10799797 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		4				
6		4				
7		4				
8		4				
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16	/					
17	/					
18	/	2				
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50						
TOTAL IND.	14					
TOTAL DEP.	46					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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